

*This form must be printed and copied on light blue paper before it is completed**

EMERGENCY APPLICATION FOR INVOLUNTARY COMMITMENT ON CERTIFICATION TO

Local Mental Health Authority

_____, 20____

To The Director:

I, _____ residing at _____,
State of _____, hereby request the temporary, involuntary commitment of
_____ to _____.
Proposed Patient Local Mental Health Authority

I believe that the said proposed patient is likely to cause serious injury to himself or others if not immediately restrained and that the individual's condition or circumstances which lead to this belief are as follows: _____

Names and addresses of persons to be notified of placement into custody of local mental health authority:

Guardian: _____
Address Phone

Adult Family: _____
Address Phone

Other: _____
Address Phone

Applicant Signature

Relationship to proposed patient

CERTIFICATE FOR EMERGENCY COMMITMENT TO

Local Mental Health Authority

I, _____, do hereby certify that I am a physician licensed under the laws of the State of Utah to practice medicine, or a medical officer of the United States Government in the State of Utah in the performance of my official duties, or a designated examiner appointed by the Division of Substance Abuse and Mental Health* and that I have examined _____, within a three-day period preceding this certification and am of the opinion that the proposed patient is mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained.

Proposed Patient

The pertinent data that I have obtained is as follows: _____

Dated this _____ day of _____, 20_____.

Signature

Address

Address

*Cross out terms not applicable

Instructions: An adult may be temporarily, involuntarily committed to a local mental health authority upon (i) written application by a responsible person who has reason to know, stating a belief that the individual is likely to cause serious injury to himself or others if not immediately restrained, and stating the personal knowledge of the individual's condition or circumstances which lead to that belief; and (ii) a certification by a licensed physician or designated examiner stating that the physician or designated examiner has examined the individual within a three-day period preceding that certification, and that he is of the opinion that the individual is mentally ill and, because of his mental illness, is likely to injure himself or others if not immediately restrained. A person committed under this section may be held for a maximum of 24 hours, excluding Saturdays, Sundays, and legal holidays. At the expiration of that time period the person shall be released unless application for involuntary commitment has been commenced pursuant to Section 62A-15-631. UCA 62A-15-629